

VIII. ATTACHMENTS

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ATTACHMENT 1

SUMMARY INSTRUCTIONS FOR COMPLETION  
OF PRIOR AUTHORIZATION FOR HEARING AIDS

1. Following the performance of an otological examination and evaluation by a Wisconsin Medical Assistance certified physician, the recipient will present a copy of the Physician's Otological Report (PA/OF) to the audiologist/hearing aid dealer for audiological testing, evaluation, and recommendation. The audiologist/hearing aid dealer must receive this report prior to performance of audiological testing.
2. The audiologist/hearing aid dealer completes forms PA/ARF1 and PA/ARF2. These forms are a summation of the testing, evaluation, and recommendations.
3. The audiologist/hearing aid dealer submits the PA/OF and forms PA/ARF1 and PA/ARF2 to the Prior Authorization Unit.
4. A copy of the PA/ARF1 and PA/ARF2 will be returned to the audiologist/hearing aid dealer with notification of the decision rendered by the program consultant. The recipient will also receive a copy of WMAP forms with notification of the request approval or denial. The recipient will present the copy of forms PA/ARF1 and PA/ARF2 to a Wisconsin Medical Assistance certified hearing aid dealer or dispensing audiologist for procurement of the hearing aid.
5. The hearing aid dealer advises the recipient to return within 30 days of receiving the hearing aid for a hearing aid performance check.

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NOTE: Form PA/OF is completed by the physician.

Forms PA/ARF1 and PA/ARF2 are completed by the audiologist/hearing aid dealer.

Audiologists/hearing aid dealers should refer to MAPB-087-015-D/002-HA for examples of these forms.

ATTACHMENT 2

HCPCS PROCEDURE CODE AND COPAYMENT TABLE  
FOR HEARING AID BATTERIES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
W6911	Silver 76 - Monaural	**
W6912	Silver 13 - Monaural	**
W6913	Silver 41 - Monaural	**
W6914	Silver 312 - Monaural	**
W6915	Mercury 13 - Monaural	**
W6916	Mercury 41 - Monaural	**
W6917	Mercury 132 - Monaural	**
W6918	Mercury 312 - Monaural	**
W6919	Mercury 401 - Monaural	**
W6920	Mercury 502 - Monaural	**
W6922	Mercury 675 - Monaural	**
W6923	Zinc-Carbon - Monaural	**
W6942	Alkaline 500 - Monaural	**
W6943	Zinc Air 13 ZA - Monaural	**
W6944	Zinc Air 675 ZA - Monaural	**
W6955	Zinc Air 312 - Monaural	**
W6924	Silver 76 - Binaural	**
W6925	Silver 13 - Binaural	**
W6926	Silver 41 - Binaural	**

\*Effective 01/01/88 and after, copayment for hearing aid batteries has been eliminated.

ATTACHMENT 2

HCPCS PROCEDURE CODE AND COPAYMENT TABLE  
FOR HEARING AID BATTERIES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
W6927	Silver 312 - Binaural	**
W6928	Mercury 13 - Binaural	**
W6929	Mercury 41 - Binaural	**
W6930	Mercury 132 - Binaural	**
W6931	Mercury 312 - Binaural	**
W6932	Mercury 401 - Binaural	**
W6933	Mercury 502 - Binaural	**
W6934	Mercury 675 - Binaural	**
W6935	Zinc-Carbon - Binaural	**
W6936	Alkaline 500 - Binaural	**
W6937	Zinc Air 13 ZA - Binaural	**
W6938	Zinc Air 675 ZA - Binaural	**
W6939	Zinc Air 312 - Binaural	**

\*\*Effective 01/01/88 and after, copayment for hearing aid batteries has been eliminated.

ATTACHMENT 3  
AUDIOLOGY SERVICES

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ALLOWABLE PLACES OF SERVICE (POS) TABLE

POS	Description
3	Office
4	Home
7	Nursing Home
8	Skilled Nursing Facility

ALLOWABLE TYPES OF SERVICE (TOS) TABLE

TOS	Description
B	Diagnostic Medical (Total)
P	Purchase
R	Rental

ATTACHMENT 4

HCPCS PROCEDURE CODE AND COPAYMENT TABLE  
FOR AUDIOLOGY SERVICES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
92552	Pure tone audiometry (threshold); air only	\$1.00/proc.
92553	Air and bone, with or without masking	\$1.00/proc.
92555	Speech audiometry; threshold only	\$1.00/proc.
92556	Speech reception threshold and discrimination	\$1.00/proc.
92557	Basic comprehensive audiometry (92553 & 92556 combined), (pure tone, air & bone, and speech, threshold and discrimination)	\$1.00/proc.
92561	Bekeasy audiometry; diagnostic	\$1.00/proc.
92562	Loudness balance test, alternate binaural/monaural	\$1.00/proc.
92563	Tone decay test	\$1.00/proc.
92564	Short increment sensitivity index (SISI)	\$1.00/proc.
92565	Stenger test, pure tone	\$1.00/proc.
92566	Impedance testing to include tympanometry with or without acoustic reflex testing	\$1.00/proc.
92567	Tympanometry	\$1.00/proc.
92581*	Evoked response (EEG) audiometry	\$1.00/proc.
92585*	Brain-stem evoked response recording	\$1.00/proc.
92589	Central auditory function test(s) - by report concerning education evaluation	\$1.00/proc.
92590	Hearing aid examination and selection; monaural, following 92557	\$1.00/proc.

\* Prior authorization required

ATTACHMENT 4

HCPCS PROCEDURE CODE AND COPAYMENT TABLE  
FOR AUDIOLOGY SERVICES

PROCEDURE CODE	DESCRIPTION	COPAYMENT
92591	Hearing aid examination and selection; binaural, following 92557	\$1.00/proc.
92592	Hearing aid check; monaural	\$1.00/proc.
92593	Hearing aid check; binaural	\$1.00/proc.
92599	Other audiological procedures, by report	\$1.00/proc.
	<b>Special Audiometric Techniques</b>	
92582	Conditioning play audiometry to include reinforcement and observational audiometry (30-minute session)	\$1.00/ 30 minutes
92583	Select picture audiometry (30-minute session)	\$1.00/ 30 minutes
	<b>Aural Rehabilitation</b>	
92507*	Speech, language, or hearing therapy, individual (30-minute session)	\$1.00/ 30 minutes
92508*	Speech, language, or hearing therapy, group (30-minute session per person)	\$1.00/ 30 minutes

\* Prior authorization required

**ELECTRONIC MEDIA SURVEY  
PROVIDER QUESTIONNAIRE**

ATTACHMENT 5

MAPB-089-019-D/004-HA

Date: 06/15/89

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Service(s) Provided: \_\_\_\_\_

Estimated Monthly Medicaid Claims Filed: \_\_\_\_\_

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1. Do you currently submit your Medicaid claims on paper? ☐ YES ☐ NO

2. Are your Medicaid claims computer generated on paper? ☐ YES ☐ NO

3. Do you use a billing service? ☐ YES ☐ NO

If the answer is YES to #2 or #3, please complete the following:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Do you have an in-house computer system? ☐ YES ☐ NO

If YES, type of computer system:

a. Large main frame Manufacturer: \_\_\_\_\_

(i.e., IBM 360, Burroughs 3800) Model #: \_\_\_\_\_

b. Mini-Computer Manufacturer: \_\_\_\_\_

(i.e., IBM System 34, or 36 TI 990) Model #: \_\_\_\_\_

c. Micro-Computer Manufacturer: \_\_\_\_\_

(i.e., IBM PC, COMPAQ, TRS 1000) Model #: \_\_\_\_\_

5. Would you be interested in simplifying your claims submission?

a. ☐ YES, via magnetic tape submission

b. ☐ YES, telephone transmission (EDS software)

c. ☐ YES, telephone transmission (3780 protocol transmission)

Return To: E.D.S. Federal Corporation

Attn: EMC Department

6406 Bridge Road

Madison, WI 53784-0009